



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000129244	Dental Benefit Providers, Inc.	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Michele T Langer

Business Name: UNITEDHEALTH GROUP

No. and Street: 9900 Bren Road East  
MN008-T502

City or Town: Minnetonka

State: MN

Zip: 55343

Country: USA

Contact Phone: 9529364978 ext:

Contact Email: michele.langer@uhg.com